



COLUMBIA UNIVERSITY
MEDICAL CENTER

Columbia Comprehensive Sleep Disorders Center

Department of Neurology

Name: _____

Date: _____

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? **This refers to your usual way of life in recent times.** Even if you have not done some of these things recently try to work out how they would have affected you.

- 0 = No chance
1 = Slight chance of dozing
2 = Moderate chance of dozing
3 = High chance of dozing

	SCALE 0 - 3
Sitting and reading	
Watching TV	
Sitting inactive in a public place (e.g a theater or a meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
TOTAL (Out of 24)	